

TAX ACCT. # \_\_\_\_\_

CONTROL # \_\_\_\_\_



ADMINISTRATIVE SERVICES DEPARTMENT  
REVENUE SERVICES DIVISION—BUSINESS LICENSE TAX  
425 North El Dorado Street • PO Box 1570 • Stockton, CA • 95201  
Phone (209) 937-8313 Fax (209) 937-7184  
www.stocktonca.gov

## **REQUEST FOR DUPLICATE LICENSE CERTIFICATE**

I, \_\_\_\_\_ hereby declare as follows  
Print Owner's Full Name

Business Name (DBA) \_\_\_\_\_

Located at: \_\_\_\_\_  
Business Address, City, State, and Zip Code

Request a duplicate license because the original (or previously issued duplicate) license certificate has been (select one):

\_\_\_\_\_ Lost      \_\_\_\_\_ Destroyed

Please use the space below to describe the circumstances surrounding the loss or destruction:

---

---

---

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_  
(location where signed)**

\_\_\_\_\_  
LICENSEE (SIGNATURE)

**BELOW THIS LINE FOR OFFICE USE ONLY**

\_\_\_\_\_  
Signature of Staff Person Issuing Business License Certificate

\_\_\_\_\_  
Date